

# Health Policy Issues Likely to Receive Attention from 2003 Legislature

## **Public Health Funding**

Local health jurisdictions are concerned that current MVET (car tabs) backfill money from the state could be cut. County governments, and the few city governments that make contributions to local public health, are facing budget shortfalls and many are expected to reduce the funding they provide to local health jurisdictions. This is taking place at a time when demands on public health, particularly for bioterrorism preparedness, are increasing.

WSALPHO (Washington State Association of Local Public Health Officials) is working with the Tri-Association (Association of Washington Cities, Washington State Association of Counties, Washington Association of County Officials) to develop secure and stable funding for local public health. WSAC has been promoting a package totaling roughly \$100 million. Several funding ideas are being considered.

## **Budget Deficit**

The state must close a roughly \$2.8 billion revenue shortfall. Absent new revenue sources, this will require cuts of greater than 10 percent for agencies that rely on the general-fund state. The governor is not required to release his budget until December 20, although it will probably be released a few days earlier. There is very little advance information about what that budget will look like.

Many observers are anticipating that the cuts are likely to significantly impair access to critical health services. For example, there has been talk of elimination of the Basic Health Plan unless voters approve a new dedicated funding source for it. Another BHP option could be to reduce the number of childless adults enrolled and rely more on a safety net of clinics. Observers also anticipate a reduction in the number of children on the Medicaid/SCHIP rolls. They expect whole programs will be eliminated from the state's book of business. There is also wariness about whether the state will redirect health-related funds to close the budget gap. Areas of concern for health care activists include: (1) rededication of Health Services Account and Tobacco Prevention and Control Account funds to other uses; (2) further securitization of Tobacco Settlement money; (3) one-time use of money from the proposed conversion of Premera Blue Cross to a for-profit company.

## **DOH Request Legislation**

The Department of Health has proposed six pieces of legislation to the Office of Financial Management. As of this writing, the Department had not heard back on many of its requests. A list of its agency request legislation is attached. A few of the proposals have some relevance to Board authorities and activities.

- **Model Food Code:** The Board discussed this change at its October 9 meeting. The proposed legislation would add a new section to the Board's authorizing statute specifically referencing the FDA Food Code. This would reduce the timeframe for the current rule revision by about six months. Industry may still seek legislation pre-empting stricter local codes. DOH has also requested a budget enhancement to add staffing in the food program.
- **Eliminating Barriers:** The proposed legislation would change several professional licensing statutes to save state resources and increase the statewide census of health care providers—specifically acupuncturists, dispensing opticians, nurses, psychologists, sex offender treatment providers, and veterinarians. Parts of this package are consistent with the recommendations of the Board's Final Report on Health Disparities.
- **Public Water System:** A proposed bill would standardize the definition of public water systems across several statutes. The Board makes rules for public water systems. The Department has stated that these are housekeeping changes and would not have significant policy implications. OFM has approved this proposal.

## **Professional Association Initiatives**

- **WSMA:** The medical association's primary focus this year is a package of five or six tort reform bills that would establish caps and limits on malpractice claims. The package includes: (1) a version of the

medical injury compensation reform act of 1975 for Washington; and (2) a bill that would address the need for a constitutional amendment if the reform bill passes.

- **WSHA:** The Washington State Hospital Association will propose legislation to modify the joint and several liability law so that hospitals and other defendants are responsible for paying damages in proportion to the amount of fault they are assigned by the jury in medical malpractice actions. WSHA will also support the WSMA tort reform effort.
- **AWPHD:** The Association of Washington Public Hospital Districts will recommend changes to statutes governing recruitment and retention, “design build” construction, and debt restructuring for PHDs.
- **WSDA:** The dentists may support an expanded scope of practice for dental assistants working under the supervision of a dentist.

### **Other Health Issues**

- **Bicycle Safety:** A draft bill would mandate helmet use for bicyclists under the age of 16.
- **Breastfeeding:** Health policies for state workers contracted through HCA currently cover pumps and other breastfeeding supplies only when “medically necessary.” A bill under consideration would remove the medical necessity requirement for state worker coverage.
- **Arthritis:** The Arthritis Foundation is expected to propose legislation requiring a comprehensive statewide plan for arthritis prevention and management.
- **Hepatitis C:** The Senate Health & Long-Term Care held an interim hearing in September on comprehensive HCV legislation similar in some ways to the AIDS Omnibus legislation. It would be backed by WSNA and would include mandated HCV education for nurses.
- **Tobacco:** The most likely tobacco-control effort would be to try to ban “sampling”—giveaways of tobacco products at public events. There may also be an effort to reduce secondhand smoke exposure, either by rolling back state preemption of local authority, or possibly by trying to strengthen the preemptive state law. (See also Tobacco Control Account discussion in the “Balancing the Budget” section.)
- **Reproductive Health:** DOH is required by law to apply for federal funding for abstinence education, even if the curriculum is not “medically and scientifically accurate.” Planned Parenthood may promote a bill, similar to one promoted by NARAL last year that would allow only “medically and scientifically accurate” abstinence education.
- **Water Recreation:** The Yakima County Board of Health sent a letter to Governor Locke and many legislators urging the repeal of the water recreation statute RCW 70.90 and its related administrative rules, Chapters 246-260 and 246-262 WAC. Many LHJ representatives have told SBOH staff that they do not support the repeal of the water recreation statute and rules, primarily because of the rules' value in protecting public health and local health jurisdictions' ability to charge fees for required activities.
- **Children's Environmental Health:** Last year's SSSB 6356 sought to create a children's health and protection advisory council, staffed by SBOH. The bill would have given the Board the ability to solicit, accept, and spend gifts, grants, and other funds from public and private sources to fund the activities of the council. The Senate passed the bill. The companion bill, HB 2885 was amended and passed by the House Agriculture and Ecology Committee, but died in the Rules Committee. One of the bill's Senate sponsors has indicated interest in reviving the bill this legislative session.
- **Prescription Drugs:** There may be a bill to follow up on last year's unsuccessful prescription drug bill. One possibility is an attempt to establish a statewide formulary. Another would be to pass a resolution calling for federal action on escalating drug costs.
- **Body Piercing and Tattooing:** Industry groups may seek some kind of licensing arrangement. In the past, some versions of electrology and tattooing regulations have called on the Board to write health rules.
- **West Nile Virus:** DOH and OFM are reportedly discussing adding and late enhancement to the DOH budget request for WNV response.